

Please complete all required information and submit to the office of your school of choice.

JOHNSON CITY SCHOOLS
APPLICATION FOR TRANSFER
2018-19 School Year

NAME OF STUDENT _____ GRADE _____
HOME SCHOOL ZONE _____ SCHOOL REQUESTED _____
NAME OF PARENT/GUARDIAN _____ PHONE _____
ADDRESS _____
(street, city, zip code)
REASON FOR REQUEST _____

I acknowledge that I have been advised of my responsibilities under the transfer policy as follows:

- 1. This application is for the 2018-19 school year only and will not be retained after this year. A new application must be completed each year I wish to be considered.
2. If my child is selected this year, I must file a new application for the next school year for continuing attendance in the requested school as a transfer student. Failure to apply will be considered intent to return to the school in the zone of residence.
3. I understand priority for placement in the elementary school of Johnson City is as follows:
1st priority In-zone student
2nd priority Transfer students already enrolled & in good standing
3rd priority Siblings of enrolled transfer students
4th priority New transfer students
5th priority Tuition students already enrolled in good standing
6th priority New tuition students (includes siblings of present students)
4. I understand I may be forfeiting a space in the home school if this transfer application cannot be honored.
5. I understand no transportation is provided for transfer students.
6. I understand all transfer students must abide by the rules of the receiving school.
7. I understand all transfer students must be approved by the Superintendent of Schools.
8. I have provided proof of residency within Johnson City city limits.

I have read and understand the application requirements, priority for placement, and transfer policy.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

FOR SCHOOL USE ONLY

DATE OF APPLICATION _____ RECEIVED BY _____

SELECTED FOR CONSIDERATION ON _____

FINAL ACTION BY THE PRINCIPAL:

_____ APPROVED FOR TRANSFER _____ NOT APPROVED FOR TRANSFER

TEACHER ASSIGNED _____

PRINCIPAL'S SIGNATURE _____ DATE _____